



School of Deliverance Registration Form

Mail form to: 9521 South Orange Blossom Trail-Suite 105
Orlando, FL 32837
Fax: 1-407-438-2399

Monthly payment of \$195.00.

Date: _____

Please send money order only. (No Checks)

Non refundable and Non transferable.

Please check length of school.

1 Month 3

Months 6

Months

1 Year

First Name: _____ Last Name: _____

Company: _____

Address: _____ City: _____

State: _____ Country: _____

Zip Postal: _____

Email: _____ Church Name: _____

Cellphone: _____ Day phone: _____

Date of School: ____/____/____
Date Month Year

How do you hear about us?

Signature above printed name
